



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

## \*BIBDATASHEET\*

CONFIRMATION NO. 9671

Bib Data Sheet

<b>SERIAL NUMBER</b> 09/929,425	<b>FILING OR 371(c) DATE</b> 08/13/2001 <b>RULE</b>	<b>CLASS</b> 083	<b>GROUP ART UNIT</b> 3724	<b>ATTORNEY DOCKET NO.</b> SDT 311
------------------------------------	---	---------------------	-------------------------------	---

## APPLICANTS

Stephen F. Gass, Wilsonville, OR;  
 David A. Fanning, Vancouver, WA;

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/225,056 08/14/2000  
 and claims benefit of 60/225,057 08/14/2000  
 and claims benefit of 60/225,058 08/14/2000  
 and claims benefit of 60/225,059 08/14/2000  
 and claims benefit of 60/225,089 08/14/2000  
 and claims benefit of 60/225,094 08/14/2000  
 and claims benefit of 60/225,169 08/14/2000  
 and claims benefit of 60/225,170 08/14/2000  
 and claims benefit of 60/225,200 08/14/2000  
 and claims benefit of 60/225,201 08/14/2000  
 and claims benefit of 60/225,206 08/14/2000  
 and claims benefit of 60/225,210 08/14/2000  
 and claims benefit of 60/225,211 08/14/2000  
 and claims benefit of 60/225,212 08/14/2000

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 09/19/2001

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY OR</b>	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 16	<b>INDEPENDENT CLAIMS</b> 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

## ADDRESS

27630

## TITLE

TRANSLATION STOP FOR USE IN POWER EQUIPMENT

<b>FILING FEE RECEIVED</b> 704	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
---------------------------------------	---	--

	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Credit _____